## REQUEST FOR RECORDS OR RESEARCH

¥¥ <sup>4</sup>	Columbus, Ohio	* <u>*</u>
****		FFFXXXX
A.A.	未未考益	F.F

NAME		DATE
COMPANY (if applicable)		DATE NEEDED
CITY / STATE / ZIP CODE		
PHONE #		FAX #
		REFERRING EMPLOYEE
YOU WILL BE NOTIFIED VI RECORD REQUESTS THAT I	A TELEPHONE WHEN RECORDS ARE REAREQUIRE RESEARCH ARE CHARGED AT A	ADY FOR REVIEW OR PICK-UP (USUALLY WITHIN 3-5 BUSINESS DAYS). AN HOURLY RATE AND MAY TAKE ADDITIONAL TIME.
Records are Requested for:		
ī	CERTIFIED PROPERTY ADDRESS	
Check all applicable boxes:	☐ Zoning Case Number (if known)	
	☐ Zoning Ordinance (if known)	
	☐ Building Permit Number (if known)	<u></u>
	☐ Mechanical Permit Number (if know	vn)
	☐ Code Violation Information	
	☐ Certified Letter	
	☐ Special Report/Print-out	
	☐ Certificate of Occupancy	
	☐ Other (please specify)	
D 1 - M		
		Amount Received
Date Out		Date
		Cashier Receipt #

PHONE (614) **645-7314** FAX (614) **645-7912** #M-10 8/01